

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 — 4 6

2. STATE:

New York3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 1999TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 9,025,000mb. FFY 2000-2001 \$ 9,025,000m

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A Part 1 Page 149(e)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Attachment 4.19-A Part 1 Page 149(e)

10. SUBJECT OF AMENDMENT:

Inpatient Hospital Services (Case Mix Cap)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

December 30, 1999

16. RETURN TO:

New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

17. DATE RECEIVED:

18. EFFECTIVE DATE:

20. TYPED NAME:

Sue Kelly

21. REMARKS:

New York  
149(e)

86-1.60 (10/99)  
Attachment 4.19-A  
Part I

to the final determinations on all facility appeals statewide submitted in accordance with this subparagraph.

(iii) The case mix adjustment percentage determined pursuant to this paragraph shall be prospectively applied and subsequently reconciled upon the conclusion of the appeal process as identified in subparagraph (ii) of this subparagraph.

(iv) For the rate years commencing January 1, 1997 [and thereafter] through September 30, 1999, the maximum allowable increase in the Medicaid statewide average reported case mix in an historical rate year shall not exceed, on a cumulative basis, one percent from the 1996 Medicaid statewide average reported case mix for the 1997 rate year and an additional one per cent per year [thereafter] from the 1996 Medicaid statewide average reported case mix. Effective for the period October 1, 1999 through December 31, 2000, the maximum allowable increase in the Medicaid statewide average reported case mix shall not exceed four percent. The methodology used to adjust rates of payment for the periods commencing January 1, 1997 and thereafter shall be the same as that described in subparagraphs (i) – (iii) of this paragraph, however, the data used to determine any and all case mix indexes shall be based on discharges for only those patients that are eligible for medical assistance pursuant to title eleven of article five of the social services law, including such patients enrolled in health maintenance organizations. In addition, the 1996 adjustment determined pursuant to subparagraphs (i) – (iii) of this paragraph shall be added to the adjustments determined in this subparagraph.

TN 99-46 Approval Date JUN 06 2001  
Supersedes TN 97-06 Effective Date OCT 01 1999